

# CLAIMS ONLY

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SERIAL NO.

FILING DATE

APPLICANT(S)

COPY

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
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TOTAL IND.	2		1		2	
TOTAL DEP.	19		9		18	
TOTAL CLAIMS	21		10		20	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS